

Your Summary of Benefits

Police Division of the City of St. Louis Active · Blue Access® Choice PPO
Effective June 21, 2020

Covered Benefits	Base Plan		Buy-Up Plan		HDHP Plan*	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible (Single/Family)	\$800/\$2,400	\$1,600/\$4,800	\$300/\$900	\$1,000/\$3,000	\$3,000/\$6,000	\$9,000/\$18,000
Out-of-Pocket Limit (Single/Family)	\$5,350/\$10,700	\$8,000/\$16,000	\$2,000/\$6,000	\$5,000/\$15,000	\$4,000/\$6,850	\$10,000/\$20,000
Physician Home and Office Services (PCP/SCP)	\$25/\$50	Deductible, then 40%	\$15/\$35	Deductible, then 30%	10%	40%
Unlimited Allergy injections	No cost share	Deductible, then 40%	No cost share	Deductible, then 30%	10%	40%
Diagnostic Tests – Lab, X-Rays, MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging	No cost share	Deductible, then 40%	No cost share	Deductible, then 30%	10%	40%
Preventive Care Services						
Routine medical exams	No cost share	Deductible, then 40%	No cost share	Deductible, then 30%	No cost share	40%
Emergency / Urgent Care						
ER SERVICES	\$500	\$500	\$500	\$500	10%	10%
Urgent Care Services	\$50	Deductible, then 40%	\$50	Deductible, then 30%	10%	40%
LiveHealth Online	\$15	N/A	\$15	N/A	10%	N/A
Inpatient and Outpatient Services	Deductible, then 20%	Deductible, then 40%	Deductible, then 10%	Deductible, then 30%	10%	40%
Other Services						
Local Ambulance	Deductible, then 20%	Deductible, then 20%	Deductible, then 10%	Deductible, then 10%	10%	10%
Hospice	No cost share	No cost share	No cost share	No cost share	10%	40%
Durable Medical Equipment	Deductible, then 20%	Deductible, then 40%	Deductible, then 10%	Deductible, then 30%	10%	40%
Vision Services	No cost share	No cost share	No cost share	No cost share	No cost share	No cost share

To learn more about your coverage, including your rights and obligations, how to get medical care, what services are covered and not covered and what portion of costs you will be required to pay, access your Health Certificate of Coverage at: <https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/anthem-certificate-of-coverage.cfm>.

Deductible(s) apply to covered services listed with a percentage (%) coinsurance.

* Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage. (HDHP Option Only)